



**Note: Please Return A.S.A.P.**

To Whom It May Concern:

We are currently updating our files for 2020 and are requesting a current copy of your CERTIFICATION OF INSURANCE FOR LIABILITY and WORKMANS COMPENSATION INSURANCE listing BENCHMARK CONSTRUCTION INC. Certificate Holder and Additional Insured along with the following information:

Registered Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Are you a corporation? \_\_\_\_\_ Tax ID # \_\_\_\_\_ SS# \_\_\_\_\_

Business License # \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

GE Tax # \_\_\_\_\_ Issue Date \_\_\_\_\_

Work Comp. Insur. Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Coverage Dates: \_\_\_\_\_

General Liability Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Coverage Dates: \_\_\_\_\_

Bond Company \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date \_\_\_\_\_

Your Office Manager \_\_\_\_\_ Phone # \_\_\_\_\_

Email(s) \_\_\_\_\_

**Person BEST to reach and HOW?** \_\_\_\_\_

**\*\*Original** Certificates of Insurance for Workers Compensation and Liability Insurance MUST be received in the office and on file in order to keep you in our bidders list.

\*\*\*Any questions, please feel free to contact me via email [benchmarkaloha@gmail.com](mailto:benchmarkaloha@gmail.com) or my personal cell 619-252-4593. I am here to help.

Mahalo,

Rebecca

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